Unannounced Inspection Report: Independent Healthcare

Robin House | Children’s Hospice Association Scotland | Balloch

Tuesday 26 February 2013
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
## Contents

1. Background ........................................... 4

2. Summary of inspection ............................... 6

3. Key findings ........................................... 9

Appendix 1 – Requirements and recommendations 18
Appendix 2 – Inspection process ...................... 19
Appendix 3 – Inspection process flow chart ........ 21
Appendix 4 – Details of inspection .................... 22
Appendix 5 – The National Care Standards ........ 23
1 Background

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 2 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (hereafter referred to as ‘the Act’)
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve. Please see Appendix 5 for more information about the National Care Standards.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure compliance against expected standards and regulations
- be firm, but fair
- have members of the public on some of our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the independent healthcare services we inspect
- if necessary, inspect services again after we have reported the findings
- publish reports on our inspection findings which will be available to the public in a range of formats on request, and
- listen to your concerns and use them to inform our inspections.

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service.
Our contact details are:

**Healthcare Improvement Scotland**
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300
Email: hcis.chiefinspector@nhs.net
2 Summary of inspection

Robin House is the second children's hospice developed by the Children's Hospice Association Scotland (CHAS). The organisation is the sole provider of children's hospice services in Scotland, caring for children and young people with a wide range of life shortening conditions many of which are rare. The hospice supports the whole family by offering short planned breaks, emergency support, end of life care and a range of bereavement services.

The service also includes help with symptom management to relieve symptoms caused by individual conditions and outreach support in local communities and some children's hospitals. The hospice offers a place where families can stay to relax and re-charge their batteries while their child receives medical and nursing care and support.

Robin House is set on the edge of a quiet residential area close to local services. There are open views to the countryside surrounding the hospice. The grounds and building are accessible for people who have mobility problems. The garden area is well maintained, pleasant and has imaginative play areas for children. There is car parking at the rear of the premises.

The hospice was purpose built in 2005 and provides accommodation in nine individual bedrooms for children and young people. It is set within spacious grounds and offers a range of stimulating and interesting play and learning opportunities for children and young adults. Accommodation for parents/carers and families of the children is provided on the ground floor comprising of eight en-suite bedrooms and a shared sitting room with kitchen area. Facilities are also in place for parents or siblings to sleep overnight within the children's rooms.

Support and care are provided to individuals and families by a multidisciplinary team which includes:

- specialist nurses
- support workers
- doctors
- activity workers
- complementary therapists
- social workers, and a
- chaplaincy service.

There is a team of trained volunteer staff who support the hospice in various activities. For example cleaning, gardening, and office work.

CHAS's published vision is:

“that children and young people in Scotland will have access to palliative care when and where they need it”

Their objectives include:

- “Deliver the best and most appropriate care we can by asking and listening to families so that they can influence and inform the care we deliver”
“Support and empower young people and their families through transition into adult services whilst delivering age appropriate care”

“Ensure that everyone who works for CHAS understands their role and the responsibilities they have in the work that we do”, and

“Demonstrate a commitment to evidence based practice in children and young people’s palliative care across the UK through a structured programme of learning, research and development”.

We carried out an unannounced inspection to Robin House on Tuesday 26 February 2013.

We assessed the service against 4 quality themes related to the National Care Standards and inspected the following areas:

- bedrooms
- lounge and dining areas
- swimming pool area
- quiet room
- sensory studio, and
- play areas

The inspection team was made up of two inspectors and a public partner. One inspector led the team and was responsible for guiding them and ensuring the team members were in agreement about the findings reached. Membership of the inspection team visiting Robin House can be found in Appendix 4.

During our inspection we spoke with:

- the director of care
- nurses
- support workers
- social worker
- activities facilitator
- housekeeper
- one patient, and
- two relatives.

We examined a range of documentation including:

- information in the service’s self-assessment
- information leaflets
- hospice web site
- the hospice’s aims and objectives
- relevant policies and procedures
• three patient care records
• minutes of meetings
• audit results and action plans
• complaint records
• staff and volunteer files, and
• medicine management.

We observed how staff worked and interacted with the children and families when we visited different areas of the hospice.

Based on the findings of this inspection, this service has been awarded the following grades (more information on grading can be found on page 19):

**Quality Theme 1 – Quality of care and support: 4 - Good**
**Quality Theme 2 – Quality of environment: 5 - Very Good**
**Quality Theme 3 – Quality of staffing: 5 - Very Good**
**Quality Theme 4 – Quality of management and leadership: 4 - Good**

Overall, we found,

• the service provided good quality of care, in a way that met the individual needs of people who used the service.
• people are supported by a committed and dedicated multidisciplinary team
• people were being consulted about the quality of their care and the development of the service, and
• the service was valued by the people who used it and everyone we spoke with told us the care and treatment was excellent.

We did find that improvement was required in the following areas, which include:

• the recording of medication given to people who use the service, and
• the organising of information in volunteer files.

This inspection resulted in one requirement and no recommendations. The requirement is linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. A full list of the requirements and recommendations can be found in Appendix 1.

CHAS, the provider must address the requirement and the necessary improvements made, as a matter of priority.

We would like to thank all staff at Robin House for their assistance during the inspection.
3  Key findings

Quality Theme 1

Quality Statement 1.1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Grade awarded for this statement: 5 - Very good

When we looked at the evidence for this statement, we found the service worked hard to involve patients in assessing and improving the quality of care and support provided by the service.

We found that the service used a variety of methods to gather the views of patients and their families on all aspects of the service.

There was a written participation strategy, which set out the service’s philosophy of participation, and the ways in which they aimed to involve people. This included staff, patients, families and other agencies with a professional interest in the service.

There was a strategic plan for 2011 to 2016. This was developed in consultation with families and staff. A series of focus groups were held and families gave their views on the strategic direction of the organisation.

There was a variety of information leaflets available to families and DVD’s so that they could have some knowledge of what to expect from the service. Families had been involved in the making of the DVD's.

There is a website about the provider and the service and use of social network sites such as Facebook. When we looked at the website we saw that there was an area where people shared their stories and experiences.

Family satisfaction forms called ‘After your visit’ are available in the family accommodation. There are also postcards available for siblings to make suggestions and/or say what they like or don't like about Robin House. We were told about changes that had been made as a result of comments for example the kitchen team had expanded the catering services to now offer cooked breakfasts every morning.

We saw a suggestion box in the reception area. This was accessible to people who use the service, their relatives and friends.

The patients each have their own care plans. These are updated at each visit with the child/young person if appropriate and their parents. Aims of care are discussed with the families and reflect changes in the child's/young person's condition. When we looked at care plans, we saw that they were person-centred, and reflected the wishes and preferences of the patients and their families. This provided people with opportunities to directly influence the way their care was provided on a day-to-day basis. Staff told us that they asked families how they wanted to be involved in their child’s care, and respected and supported their wishes.
When we spoke with staff, we saw that they were familiar with the needs and wishes of people who used the service and their families and were aware of what was important to them.

CHAS commissioned a piece of research with Stirling University called ‘The symptom profile and experience of children with rare life-limiting conditions: perspectives of families and key health professionals’. Siblings were interviewed as part of the research. The siblings said that they would like the opportunity to meet with other siblings more often. As a result a sibling support group has been piloted this year at Robin House. This evaluated very positively and the plan is to run more groups.

We saw that the hospice had a complaints policy and procedure. There was a complaints leaflet available which detailed how complaints could be made. We saw that complaints were recorded, along with the method of investigation and outcome. There was evidence in the minutes of meetings that any complaints they received are used as opportunities for learning, and improving practice within the service.

We found staff open and willing to learn from the experiences of people who used the service and their families, and to listen to their views to improve the outcomes for people who use the service.

Area(s) for improvement
The hospice have identified that the system for collecting the Family Satisfaction forms is going to be reviewed to ensure they are collected regularly and that they are fed into the ‘Compliments, Suggestions and Complaints’ process.

They have also identified that they wish to develop age appropriate leaflets for pre-bereaved siblings to provide information for children and young people explaining what the service offers and what to expect before they come for their first visit.

The hospice should continue to maintain their commitment to developing services to meet the needs and wishes of those using its services.

Requirement
■ No requirements.

Recommendation
■ No recommendations.

Quality Statement 1.4
We are confident that within our service, all medication is managed during the service user’s journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.

Grade awarded for this statement: 4 - Good
During the inspection we looked at six prescription sheets. We found that they were all completed correctly. The prescriptions included the patient’s name, date of birth and allergies. All prescriptions were legible and had been signed and dated by the prescribing
The prescriptions also identified the dose of the medicine, the frequency it should be taken and the method it should be administered, for example by mouth or injection.

We looked at three recording sheets relating to the prescriptions. We saw that there was only one gap where staff had not recorded that medication had been given or the reason why it was not given.

We looked at minutes from staff meetings. We saw that the service discuss medication errors within the meeting. They look at the causes of the error and share learning from this with other staff at the meeting and through distribution of the minutes.

Area(s) for improvement
The service has a no blame policy regarding medication errors. This means staff are encouraged to report any errors to allow the person to receive any necessary treatment. As reported above the service reviews errors to ensure that they can learn from the mistakes to try and ensure they are not repeated. While we have had no concerns with the no blame approach adopted by the hospice, we were concerned that there was a lack of re-training or competency checks in place for any staff that had made a medication error. We also saw that there was no routine training or competency checks for staff who give out medication. Competency checks can involve staff being supervised while administering medication to make sure they are doing so correctly or being asked to complete calculation tests to ensure that they are completing drug calculations correctly. A requirement is made (see Requirement 1).

Requirement 1 – Timescale: by 30 April 2013
The provider must ensure that staff are competent to administer medication. To do this it must ensure:

- staff have access to routine training about administering medication
- staff have periodic reviews of their practice to ensure they maintain competency, and
- staff involved in medication errors are given access to appropriate training and have their competency assessed before they are allowed to start administering medication again.

Recommendation

- No recommendations

Quality Statement 1.5

We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet service users’ physical, psychological, emotional, social and spiritual needs at all times.

Grade awarded for this statement: 5 - Very good

When we looked at the evidence for this statement, we found that in most examples, the care records demonstrated a very high standard of care planning and delivery.
We viewed three of the new electronic records during this inspection and the risk assessment which remains at present in paper format.

We found that the electronic record systems used were comprehensive and easy to follow and gave a clear picture of individual care needs. A multi-professional approach was used to record care needs.

There was evidence in the care documentation that:

- people who used the service were given the opportunity to take part in review meetings
- personal care plans contained information about how individuals wished to be cared for, and
- parents, and where appropriate children and young people, were asked what the normal care procedures are for the children/young people, including any special dietary preferences and requirements.

We heard from staff how the electronic record system had been introduced in a phased way to ensure they were familiar with the system and felt confident that it could provide an accurate record of the care which was planned or had been given. In preparation for the new system there had been a review of all assessments, tools and documentation.

All staff we spoke with had received training prior to the introduction of the new system. There were trained “super users” to help and support staff during the transition. A recent survey had been undertaken to ascertain staff views on the new system.

We found records were person centred and gave accurate up-to-date records of individualised care. We saw how the system alerted staff to essential information such as allergies when they accessed a care file.

The electronic system was used by all members of the care team. Information could be added in individual rooms with people who use the service ensuring it was up to date and accurate.

We viewed the supplementary paper files for documents which could not yet be held electronically. Staff were clear about where documents could be found.

There are multidisciplinary group meetings every 2 weeks to discuss care needs of the children/young people and their families to ensure that appropriate and timely care was being provided. Care plans were updated to reflect any changes as a result of the discussions.

During our inspection we found evidence of continuous development. It was planned to audit the use and quality of the assessment processes and care plans and use these findings to help with further refinement of the electronic system.

**Area for improvement**

The hospice should continue to maintain and develop the very good standard of care recording which was demonstrated in our sample of records during this inspection.

**Requirement**

- No requirements.
Recommendation

■ No recommendations.

Quality Theme 2

Quality Statement 2.1
We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Grade awarded for this statement: 5 - Very good
The areas for improvement identified under Quality Statement 1.1 are also relevant to this statement.

Area for improvement
None

Requirement
■ No requirements.

Recommendation
■ No recommendations.

Quality Statement 2.2
We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

Grade awarded for this statement: 6 - Excellent
When we looked at the evidence for this statement, we found that the design, layout and facilities of the service supported the safe and effective delivery of care and treatment.

Robin House is a purpose built building accessible to those with disability.

The children and young people have their own rooms and the families have private accommodation within the hospice. There are many different rooms and areas within the service to allow children/young people and their families to have privacy or companionship.

We saw that a key card system to replace the keys for the family accommodation has been introduced. This allows the families access their bedrooms and front door of the hospice allowing for more freedom to come and go.

There are tracking hoists in the children's bedrooms, the soft play and pool to assist in safely moving the children. There are portable hoists available to be used in other areas within the service. There are profiling beds in the children's and young people's rooms which help in pressure relief and also assist in safely moving the children. Beds can be taken out onto the patio in the summer or taken into the day area or dining room. During the visit we saw a bed being pushed into the dining area so that the family could eat together.
Two of the children's bedrooms have en-suite facilities. We were told these are usually used for the teenagers. The bedrooms have photographs of the children or young person using the room on the wall. These are put up before they come in to personalise the room. We saw a room where a young person was due to be admitted and it was already set up with photographs.

The children's and young people's medicines are kept in locked cupboards in their own rooms.

There are a range of baths and showers within the hospice with suitable hoisting to cope with a range of disabilities. The families’ accommodation has en-suite facilities.

There is a nurse call system throughout the building to summon assistance.

There is a quiet room available to families for the purpose of reflection.

There are policies and procedures in relation to the environment to guide and direct staff in the safe and effective delivery of care and treatment. These are regularly reviewed and updated.

We saw that the housekeeping team together with the head housekeeper maintain high standards of cleanliness within Robin House. They have planned cleaning schedules for every area which included deep cleaning. We spoke with the head housekeeper who is a cleanliness champion. We saw staff took great pride in maintaining a high standard of cleanliness. People who use the service spoke with commented positively about the cleanliness of the environment. Audits are carried out to monitor the cleaning of the service.

We were informed that monthly infection control audits are carried out and prevention and control of infection is included in the hospital’s clinical governance framework and in the staff training plan. We viewed an infection control audit carried out in March 2012 which had led to two recommendations. We saw that re-audit undertaken in November 2012 looked at what improvements had been made and made further recommendations.

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We were informed that monthly infection control audits are carried out and prevention and control of infection is included in the hospital’s clinical governance framework and in the staff training plan. We viewed an infection control audit carried out in March 2012 which had led to two recommendations. We saw that re-audit undertaken in November 2012 looked at what improvements had been made and made further recommendations.

There is a Robin House health and safety committee and an organisational health and safety committee which review incidents and accidents and offer advice and support to the teams. There is an identified person who oversees health and safety issues.

We saw that areas were identified for refurbishment for example the treatment room was recently refurbished to improve its function and improve storage.

When we spoke with relatives they commented on the ‘lovely’ environment and gardens being ‘a wonderful benefit to patients and relatives.’

We saw that much thought had been put into the design and layout of the building to create a relaxing, stimulating environment for children young people and their families.

**Area for improvement**
The hospice should continue to maintain their commitment to developing the environment to meet the needs and wishes of those using its services

**Requirement**

- No requirements.
Recommendation

- No recommendations.

Quality Theme 3

Quality Statement 3.1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Grade awarded for this statement: 5 - Very good
The areas for improvement identified under Quality Statement 1.1 are also relevant to this statement.

Area(s) for improvement
None

Requirement

- No requirements.
- No recommendations.

Quality Statement 3.2
We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.

Grade awarded for this statement: 5 - Very good
When we looked at the evidence for this statement we found there was very good evidence contained within each staff file that the correct recruitment processes are being adhered to in line with policy and current legislation.

We assessed four staff personnel files during the inspection. There was good evidence contained within each staff file that the correct recruitment processes are being adhered to in line with policy and current legislation.

Robin House has a staff recruitment policy and procedure in place.

We found the files were in very good order.

There is a system in place to track and/or follow up fitness checks to make sure these are carried out properly. We found all required pre-employment information is being obtained before a new member of staff commences work. The service is aware of the re-licensing and revalidation programme for medical practitioners. There were systems in place to check and monitor that all appropriate staff are on their respective professional registers.

We saw documentation which showed there was a comprehensive staff induction programme.
We also looked at three volunteer recruitment files. We found that relevant checks were being carried out.

**Area for improvement**

We found that the information contained within the volunteer files was less organised resulting in information we asked for having to be retrieved from different areas. We discussed this with the director of nursing who undertook to ensure that the files were reviewed and improved.

**Requirement**

- No requirements.

**Recommendation**

- No recommendations.

**Quality Theme 4**

**Quality Statement 4.1**

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

**Grade awarded for this statement: 5 - Very good**

The information provided in quality statement 1.1 is also relevant here.

**Area(s) for improvement**

None

**Requirement**

- No requirements.

**Recommendation**

- No recommendations.

**Quality Statement 4.4**

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

**Grade awarded for this statement: 4 - Good**

When we looked at the evidence for this statement, we found that there were good quality assurance systems and processes which involve patients, carers, staff and stakeholders to assess the quality of service we provide.

We saw throughout the inspection that patients were at the heart of the hospice’s work. Opinions were sought and changes made as a direct result of their comments. We saw
examples of how the findings of audits had been used to make improvements and have reported on this in other quality themes.

CHAS has a Clinical Governance Committee that meets quarterly. Robin House submit various reports around clinical incidents, service activity and an annual report on clinical governance activity. This includes an update on audits that are undertaken in the hospice.

Staff are encouraged to report accidents and incidents. Accident and incident records were kept and notifications were made to us as requested.

We saw that the service have established a policy control system which allows them to track what stage all the policies are at for example, who the author is, when they are due for review and if it is a new policy the expected date for completion.

Play and leisure activities were evaluated by asking the children and young people if they have met their expectations for example, the young people's workshops and the outpatient hydrotherapy pool sessions. We saw positive evaluations about these.

**Area for improvement**

The service has identified that they need to expand and improve their quality assurance systems to include more audits, for example, medication audits. We would agree with this assessment and encourage and support the development of a more comprehensive quality assurance system to demonstrate more clearly the quality of the work that is being undertaken.

**Requirement**

- No requirements.

**Recommendation**

- No recommendations.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the Act, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

### Quality Statement 1.4

<table>
<thead>
<tr>
<th>Requirements</th>
<th>The provider must:</th>
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<tbody>
<tr>
<td>1</td>
<td>ensure that staff are competent to administer medication. To do this it must ensure:</td>
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<tr>
<td></td>
<td>- staff have access to routine training about administering medication</td>
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<tr>
<td></td>
<td>- staff have periodic reviews of their practice to ensure they maintain competency, and</td>
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<tr>
<td></td>
<td>- staff involved in medication errors are given access to appropriate training and have their competency assessed before they are allowed to start administering medication again.</td>
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**Timescale – 30 April 2013**

**SSI 2011 No. 182 - Regulation 3(a)**

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

| Recommendations | None |
Appendix 2 – Inspection process

Inspection is part of the regulatory process.

Each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five quality themes:

- **Quality Theme 0 – Quality of information**: this is how the service looks after information and manages record keeping safely. It also includes information given to people to allow them to decide whether to use the service and if it meets their needs.
- **Quality Theme 1 – Quality of care and support**: how the service meets the needs of each individual in its care.
- **Quality Theme 2 – Quality of environment**: the environment within the service.
- **Quality Theme 3 – Quality of staffing**: the quality of the care staff, including their qualifications and training.
- **Quality Theme 4 – Quality of management and leadership**: how the service is managed and how it develops to meet the needs of the people it cares for.

We assess performance by considering the self-assessment, complaints, notifications of events and any enforcement activity. We inspect the service to validate this information and discuss related issues.

The complete inspection process is described in the flow chart in Appendix 3.

Types of inspections

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 6 weeks after the inspection.

- **Announced inspection**: the service provider will be given at least 4 weeks’ notice of the inspection by letter or email.
- **Unannounced inspection**: the service provider will not be given any advance warning of the inspection.

Grading

We grade each service under quality themes and quality statements. We may not assess all quality themes and quality statements.

We grade each heading as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>6</td>
<td>excellent</td>
</tr>
<tr>
<td>5</td>
<td>very good</td>
</tr>
<tr>
<td>4</td>
<td>good</td>
</tr>
<tr>
<td>3</td>
<td>adequate</td>
</tr>
<tr>
<td>2</td>
<td>weak</td>
</tr>
<tr>
<td>1</td>
<td>unsatisfactory</td>
</tr>
</tbody>
</table>

We do not give one overall grade for an inspection.

The quality theme grade is calculated by adding together the grades of each quality statement under the quality theme. Once added together, this number is then divided by the number of statements.
For example:

**Quality Theme 1 – Quality of care and support: 4 - Good**

Quality Statement 1.1 – 3 - Adequate  
Quality Statement 1.2 – 5 - Very good  
Quality Statement 1.5 – 5 - Very good

Add the grades of each quality statement together, making 13. This is then divided by the number of quality statements (there are 3 quality statements), making 4.3. This is rounded down to 4, giving the overall quality theme a grade of 4 - Good.

However, if any quality statement is graded as 1 or 2, then the entire quality theme is graded as 1 or 2 regardless of the grades for the other statements.

**Follow-up activity**

The inspection team will follow up on the progress made by the independent healthcare service provider in relation to their improvement action plan. This will take place no later than 16 weeks after the inspection. The exact timing will depend on the severity of the issues highlighted by the inspection and the impact on patient care.

The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- a further announced or unannounced inspection  
- a targeted announced or unannounced inspection looking at specific areas of concern  
- an on-site meeting  
- a meeting by video conference  
- a written submission by the service provider on progress with supporting documented evidence, or  
- another intervention deemed appropriate by the inspection team based on the findings of an inspection.

Depending on the format and findings of the follow-up activity, we may publish a written report.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:  
Appendix 3 – Inspection process flow chart

Before inspection visit

Service undertakes self-assessment exercise and submits outcome to Healthcare Improvement Scotland

Self-assessment submission is reviewed to help inform and prepare for on-site inspections

During inspection visit

Arrive at service

Inspections of areas

Discussions with senior staff and/or operational staff, people who use the service and their carers

Feedback with service

Further inspection of service areas of significant concern identified

After inspection visit(s)

Draft report produced and sent to service to check for factual accuracy

Report published

Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to Robin House was conducted on Tuesday 26 February 2013.

The inspection team consisted of the following members:

**Beryl Hogg**  
Lead Inspector

**Garth Marr**  
Regional Inspector

**Marguerite Robertson**  
Public Partner
Appendix 5 – The National Care Standards

The National Care Standards set out the standards that people who use independent healthcare services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. There are Care Standards for:

- independent hospitals
- independent specialist clinics
- independent medical consultant and general practitioner services, and
- hospice care.

When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk
We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.

www.healthcareimprovementscotland.org

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group and the Scottish Intercollegiate Guidelines Network (SIGN) are part of our organisation.